



Client No. <u>2036</u>		Client Name <u>O.H. Materials, Utica, N.Y.</u>				Location <u>1002 Oswego St. Utica, NY</u>		Date <u>6/20/87</u>			
Facility Equipment <u>aps</u>	Detex Clock <u>aps</u>	Weapon No. <u>aps</u>	Holster <u>aps</u>	Nightstick <u>aps</u>	Raincoat <u>1</u>	Flashlight <u>1</u>	Other <u>Logbook - gate keep</u>				
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.			Officer—Day Shift (Name) <u>Kenneth F. Kelly</u>			Officer—Swing Shift (Name) <u>George John D.</u>			Officer—Grave Shift (Name) <u>WELTY</u>		
Shift <u>8 AM-PM</u>			Shift <u>4 AM-PM</u>			Shift <u>12 AM-PM</u>			Shift <u>0000 AM-PM</u>		
Began <u>8</u>			Ended <u>4</u>			Began <u>4</u>			Ended <u>12</u>		
Observations or actions taken			Explanation			Observations or actions taken			Explanation		
Rounds or stations missed			✓			Rounds or stations missed			✓		
Unlocked doors, gates or windows			✓			Unlocked doors, gates or windows			✓		
Unlocked vaults or safes			✓			Unlocked vaults or safes			✓		
Fire-smoke-or hazards			✓			Fire-smoke-or hazards			✓		
1. Extinguishers missing or defective			✓			1. Extinguishers missing or defective			✓		
2. Sprinkler system defective			✓			2. Sprinkler system defective			✓		
3. Fire doors or exits blocked			✓			3. Fire doors or exits blocked			✓		
4. Rubbish accumulation			✓			4. Rubbish accumulation			✓		
5. Motors running			✓			5. Motors running			✓		
6. Lights left burning			✓			6. Lights left burning			✓		
Injury hazards			✓			Injury hazards			✓		
Visitors <u>OHM to EPA People on site</u>			✓			Visitors <u>AMBULANCE &amp; RESCUE UNIT.</u>			✓		
Trespassing			✓			Trespassing			✓		
Violation of company rules			✓			Violation of company rules			✓		
Remarks <u>Madden delivered two load of concrete. 0740 - I called 5 times to no answer (R/W)</u>											
<b>IMPORTANT:</b> If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.											
1. Were you injured during this tour?		Day Shift		1.		2.		3.		Swing Shift	
Yes <u>No</u>		Yes <u>No</u>		Yes <u>No</u>		Yes <u>No</u>		Yes <u>No</u>		Yes <u>No</u>	
2. Did you suffer any illness?		Yes <u>No</u>		Yes <u>No</u>		Yes <u>No</u>		Yes <u>No</u>		Yes <u>No</u>	
3. Have you reported all accidents coming to your attention?		Yes <u>No</u>		Yes <u>No</u>		Yes <u>No</u>		Yes <u>No</u>		Yes <u>No</u>	
Signatures		1. <u>Kenneth F. Kelly</u>		2. <u>George John D.</u>		3. <u>WELTY</u>		1. <u>Kenneth F. Kelly</u>		2. <u>George John D.</u>	
Signatures		2. <u>George John D.</u>		3. <u>WELTY</u>		1. <u>Kenneth F. Kelly</u>		2. <u>George John D.</u>		3. <u>WELTY</u>	
Signatures		3. <u>WELTY</u>		1. <u>Kenneth F. Kelly</u>		2. <u>George John D.</u>		3. <u>WELTY</u>		1. <u>Kenneth F. Kelly</u>	

439193



Use this form to report any irregularities or out of the ordinary incident occurring during your tour.



# CENTRON SECURITY SERVICES, INC.

Date of Report 6-20-87

time of Report 1735

Client; O.H.M.

Address: 1002 OSWEGO ST. UTICA NY

Location of Incident ROBERT SITE

-Incident MAN DOWN

Date occurred 6-20-87 Time occurred 506 AM PM

Details and circumstances of incident; WHO, WHAT, WHERE, WHEN, & HOW???

On the above date and time OLC. GEORGE was notified by G. DeAmicis, O.H.M. employee, that a man was down, and Rescue units were on the way. The Rescue unit entered the site at 1708 Ambulance arrived at 1712 Both departed the site at 1733 No <sup>Further</sup> instructions given.

NOT USED

NOT USED

NOT USED

NOT USED

Signed-

Rank

Page 1 of 1